PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** BGNB129CP2DV2CN (fees effective on or after October 1, 2004) **Application Number** 10/040281-Conf. #9658 Filed November 7, 2001 Lymphotoxin-B, Lymphotoxin-B Complexes, Pharmaceutical Preparations And Therapeutic Uses Thereof Art Unit 1635 Examiner S. McGarry This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Fee Small Entity Fee** One month (37 CFR 1.17(a)(1)) \$120.00 \$60.00 \$ Two months (37 CFR 1.17(a)(2)) \$450.00 \$ \$225.00 Three months (37 CFR 1.17(a)(3)) \$1,020.00 \$510.00 1,020.00 Four months (37 CFR 1.17(a)(4)) \$1,590.00 \$795.00 \$ Five months (37 CFR 1.17(a)(5)) \$2,160.00 \$1,080.00 \$ Applicant claims small entity status. See 37 CFR 1.27. 12/17/2004 BABRAHA1 00000070 120080 10040281 A check in the amount of the fee is enclosed. 01 FC:1253 1020.00 DA Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheet. 12/16/2004 BABRAHA1 -00000004 120080 -10404281 01 FC:1253 €\$020.00-DA-I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 36,207 attorney or agent under 37 CFR 1.34(a). Registration number if acting unger 37 CFR 1.34(a) December 9, 2004 Signature Date Any E. Mandragouras (617) 227-7400 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. -12/17/2004 - BABRAHA1 Adjustment date: Total of forms are submitted. O1_FC:1253_ <u>-102</u>0-00_CR

I hereby certify that this corres	pondence is being deposited with the U.S. Rostal Service as Express Mail, Airbill No. EV355389075US, MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.	. MS Amendment, Commissione for Paterns, P.O. Box 1430, Alexandra, VA 22313-1430, On the date
Dated: December 9, 2004	Signature: (Amy E. Mandragouras)

DEC 0 9 2004

FEE	TRANSMITTA	L
	E EV 000E	

For FY 2005 (Reflects USPTO filing fees in effect from 12/__/04)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1020.00

Complete if Known						
Application Number	10/040281-Conf. #9658					
Filing Date	November 7, 2001					
First Named Inventor	Jeffrey L. BROWNING					
Examiner Name	S. McGarry					
Art Unit	1635					
Attomey Docket No.	BGNB129CP2DV2CN					

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
Check	Card	Mone	ey Order	2. EXTRA CLAIM FEES			
X Deposit Account		None	;	Fee Description		<u>Fee (\$)</u>	Small Entity Fee (\$)
Deposit Account 12 Number	unt 12-0080			Each claim over 20		50	25
Deposit Account Lahive & Cockfield, LLP			Each independent claim over 3		200	100	
Name	d to: (abook a	II that analy		Multiple dependent claims		360	180
The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent		50	25
Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or any underpayment of fee(s)				For Reissues, each independent claim more than in the original patent		200	100
X under 37 CFR 1.16 and 1 X Credit any overpayments	.17			Total Claims Ex	ctra Claims	Fee (\$)	Fee Paid (\$)_
to the above-identified deposit ac	count.			5 - 28 =		×=	00.0
Other (please identify):	. •			Indep. Claims Ex	ctra Claims	Fee (\$)_	Fee Paid (\$)
FEE CA	LCULATIO	ON		1 -9=		x=	0.00
1. BASIC FILING FEE		Small Entity		Multiple Dependent Claim	<u>.</u> <u>s</u>	Fee (\$)	Fee Paid (\$)
Fee Description	Fee (\$)	Fee (\$)	Fee Paid (\$)				
Utility Filing Fee	300	150			Sul	btotal (2) \$	
Design/Design CPA Filing Fee	200	100		3. OTHER FEES		Small Entity	
Plant Filing Fee	200	100		Fee Description	Fee (\$)	Fee (\$)	Fee Paid
Reissue Filing Fee	300	150		1-month extension of time	120	60	
Provisional Filing Fee	200	100		2-month extension of time	450	225	
1a. ADDITIONAL FILING FE	EES			3-month extension of time	1020	510	1020
Utility Search Fee	500	250		4-month extension of time	1,590	795	
Design Search Fee	100	50		5-month extension of time	2,160	1,080	
Plant Search Fee	300	150		Information disclosure stmt. fee	180	180	
Reissue Search Fee	500	250		37 CFR 1.17(q) processing fee	50	50	
Utility Examination Fee	200	100		Non-English specification	130	130	
Design Examination Fee	130	65		Notice of Appeal	500	250	
Plant Examination Fee	160	80		Filing a brief in support of appeal	500	250	
Reissue Examination Fee	600	300		Request for oral hearing	1,000	500	
Application Size Fee, each addt'1 50 sheets > 100 sheets	250	125		Other:			
Subtotal (1) and (1a.) \$					Su	btotal (3)	1020
SUBMITTED BY)	_					

SUBMITTED BY

Signature

Registration No. (Altomety Agent)

Name (Print/Type) Amy E. Mandragouras

Registration No. (Altomety Agent)

Date December 9, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV355389075US, in an envelope addressed to: MS Amendment commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2004

Signature:

(Amy E. Mandragouras)